## ADHS School Kindergarten Immunization Data Report (IDR): Due November 15, 2007

School Name:			/pe of School: ublic □ Private □ Charter □	Date of Report:
Mailing Address, City, Zip:		Pł	none:	County:
maining Additions, Oity, Elp.		Fa		odanty.
Contact Person's Name:		_	rcle the best description of the contact pers	on:
E-Mail Address:			chool Nurse Health Aide Office St ther:	taff Principal
Does this school have a preschool, 7 <sup>th</sup> or 10 <sup>th</sup> grade? If yes, and Additional copies of all Immunization Data Report forms may	separate / be foun	lm nd a	munization Data Reports must be completed the website: <a href="http://www.azdhs.gov/phs/imr">http://www.azdhs.gov/phs/imr</a>	d for those grade levels. mun/idr_forms.htm
Kindergarten <u>Only</u>	Numbe	er	Action Required	i
1. How many students are enrolled?				
2. How many students have an immunization record <b>OR</b> a valid exemption on file?			Require proof of immunization <b>or</b> an exemption	n for school entry.
3. DTaP/DTP/DT				
How many students have 6 doses?				
How many students have 4 – 5 doses?			Require 1 more dose if student's last dose was	s before the 4 <sup>th</sup> birthday.
How many students have less than 4 doses?			Require student(s) to obtain a total of 4 doses spaced 1 month apart and the 4 <sup>th</sup> dose 6 month	with the first 3 doses ths following the 3 <sup>rd</sup> dose.
TOTAL (must equal number enrolled, see #1)				
4. Polio				
How many students have 4 doses?				
How many students have 3 doses?			Require 1 more dose if last dose was given be	efore the 4 <sup>th</sup> birthday.
How many students have less than 3 doses?			Require another dose when 1 month has pass	sed since the last dose.
TOTAL (must equal number enrolled, see #1)				
5. <b>MMR</b>				
How many students have 2 doses?				
How many students have 1 dose?			Require MMR #2 when 1 month has passed s	ince MMR #1.
How many students have 0 doses?			Require MMR #1 immediately.	
TOTAL (must equal number enrolled, see #1)				
6. Hepatitis B				
How many students have 3 doses?				
How many students have 2 doses?			Require Hep B #3 when 5 months have passe	d since Hep B #2.
How many students have less than 2 doses?			Require student(s) with no Hep B to obtain He when 1 month has passed since Hep B #1.	p B #1. Require Hep B #2
TOTAL (must equal number enrolled, see #1)				
7. Varicella (chicken pox) How many students have at least 1 dose?				
How many students have history of chicken pox disease?			Varicella vaccination is not required if child ha	s had chicken pox.
How many students have no history of chicken pox and no varicella vaccine doses?			Require varicella vaccination immediately.	
TOTAL (must equal number enrolled, see #1)				
8. Exemptions:				
How many have a Personal Beliefs exemption?			Require a signed exemption form.	
How many have a Medical exemption?			Require a doctor's signature and statement of	the medical condition.
How many have Laboratory Evidence of Immunity?			Require a copy of the lab results and doctor's	signed statement.

## **Kindergarten** Immunization Data Report (IDR) Instructions

All public, private and charter schools must submit an IDR on children enrolled in preschool, pre-K, Kindergarten, 7<sup>th</sup> and 10<sup>th</sup> grades by November 15th each year. Use this form for <u>Kindergarten only</u>. Forms for the other age/grade levels are available at <a href="http://www.azdhs.gov/phs/immun/idr">http://www.azdhs.gov/phs/immun/idr</a> forms.htm.

- **Step 1**: Identify your school by completing all areas at the top of the form.
- **Step 2**: Answer questions 1 and 2 by counting how many Kindergarten students are enrolled (#1) and how many have an immunization record and/or a valid exemption on file (#2).
- **Step 3:** Answer questions 3 through 6 by counting how many doses of each vaccine your Kindergarten students have on their records. See example below showing a school where 120 Kindergarten students are enrolled. Note that each student will fit into one of the categories listed by having either 6 doses, 4-5 doses or fewer than 4 doses. When added together these numbers equal the total number enrolled in Kindergarten.
- **Step 4:** Answer question 7 by listing the number of children who have received varicella (chicken pox) vaccine or have history of chicken pox disease.

## **EXAMPLE:**

2 students have 6 doses of DTaP/DTP/DT. 100 students have 4-5 doses of DTaP/DTP/DT vaccine. The "**Action Required**" states that students who have 4-5 doses need 1 more dose if the last dose was given before the 4<sup>th</sup> birthday. 18 students have fewer than 4 doses. The "**Action Required**" states that students with fewer than 4 doses need a total of 4 doses with the first 3 doses spaced 1 month apart and the 4<sup>th</sup> dose spaced 6 months after the 3<sup>rd</sup> dose.

3. DTaP/DTP/DT	Number	Action Required
How many students have 6 doses?	2	
How many students have 4 – 5 doses?	100	Require 1 more dose if student's last dose was before the 4 <sup>th</sup> birthday.
How many students have fewer than 4 doses?	18	Require student(s) to obtain a total of 4 doses with the first 3 doses spaced 1 month apart and the 4 <sup>th</sup> dose 6 months following the 3 <sup>rd</sup> dose.
TOTAL (must equal number enrolled, see #1)	120	

- **Step 5:** Answer question 8 by listing how many students have a valid school exemption form on file. List the number of exemptions in the rows of this section.
- **Step 6:** Complete all "**Action Required**" by sending a "**Referral Notice of Inadequate Immunization**" to the parent/guardian of each child who needs additional immunizations. Require proof of immunization each time a student is due for another vaccine dose. Track the students who need additional doses.
- Step 7: Count the number of kindergarten students who are not fully immunized. Check to see how many students who are <u>not exempt</u> need additional doses of any vaccine. <u>If more than 5% of the non-exempt students in kindergarten still need one or more doses of any vaccine, the enclosed "IDR Update" form must be submitted no later than January 31, 2008.</u>
- Step 8: Check the form carefully to ensure all areas have been completed. Make a copy of the form and keep it for your records. Mail the original form by November 15, 2007.

Mail the report to:

Arizona Immunization Program Office Assessment Unit 150 N. 18<sup>th</sup> Ave., Suite 120 Phoenix, AZ 85007-3233